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FACSIMILE COVER PAGE

DATE: 7/20/04
TO: Examiner Odland
FAX: 703-746-817Z
FROM: Don Staut
RE: SN 09/781,793 (A1714)
Attached: 1) Fee Transmittal (1page)
2) Terminal Misclainer (1 page)
3) Amendment Transmittal (1 sage)
4) Amendment (10 pages)
THIS TRANSMISSION CONSISTS OF PAGES INCLUDING THIS COVER PAGE. PLEASE CONTACT US IF YOU DO NOT RECEIVE ALL OF THE PAGES.

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FQRM PTO-1083 (fees 10/03)

AMENDMENT TRANSMITTAL LETTER

Docket: A-1714

In re application of:

Seth A. Foerster

Confirmation No.: 6962

Serial No.:

09/781,793

Examiner:

Kathryn P. Odland

Filed:

2/12/2001

Group Art Unit: 3743

Customer No.: 33197

For:

METHOD AND APPARATUS FOR ATTACHING CONNECTIVE TISSUES TO BONE USING A

KNOTLESS SUTURE ANCHORING DEVICE

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been previously established. [X]

ſΧŢ No additional fee is required.

The filing fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	39	MINUS	42	0
INDEP.	5	MINUS	6	0

MALL ENTITY			SMALL E	YTITM
RATE	ADDIT.	or	RATE	AÒD

	RATE	ADDIT. FEE	or	RATE	ADDIT. FEE
	x 9	0		x18	-0-
	x 43	0		x 86	-0-
	+145	0	q r	+290	-0-
Total Addit. Fee		0	Total Addit. Fee		0

OTHER THAN

Please charge my Deposit Account No. 13-5135 the amount of \$_, in payment of the above claims fee. []

[] A check in the amount of \$____ is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication [X]or credit any overpayment to Deposit Account No. _ 13-5135 .

[X] Any additional filing fees required under 37 CFR 1.16.

[X] Any patent application processing fees under 37 CFR 1.17.

Attorney for Applicant

Registration Number: 34,493

July 20, 2004

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